

2-14-01

A

Please type a plus sign (+) in the box ☒UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

ORT-1373

First Inventor

Shangold et al.

Title

TRIPHASIC ORAL CONTRACEPTIVE

Express Mail Label No.

EL457891654US

106 U.S. PRO  
08/782420

## APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

## ADDRESS TO:

Assistant Commissioner  
Box Patent Applications  
Washington, DC 20237

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
3. ☒ Specification [Total Pages 25]  
(Preferred arrangement set forth below)
  - Descriptive Title of the Invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R&D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☐ Drawing(s) (35 USC 113) [Total Sheets ]
5. Oath or Declaration [Total Pages 3]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
    - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

- a. ☐ Computer Readable Form (CRF)
- b. ☐ Specification Sequence Listing on:
  - i. ☐ CD-ROM or CD-R (2 copies); or
  - ii. ☐ paper
- c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement  
(IDS)/PTO-1449 ☒ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Certifications under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other

18. ☒ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☒ Continuation-in-Part (CIP) of prior application No.: 09/328,764, filed June 9, 1999.

Prior application information: Examiner

Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below

Name: Philip S. Johnson, Esq.

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## 20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to John W. Harbour at:

Telephone: (732) 524-2169

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## 21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME

John W. Harbour

Reg. No. 31365

SIGNATURE

DATE

February 13, 2001

<b>FEE TRANSMITTAL</b>	Complete if Known	
	Application Number	
	Filing Date	February 13, 2001
	First Named Inventor	Shangold et al
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	ORT-1373

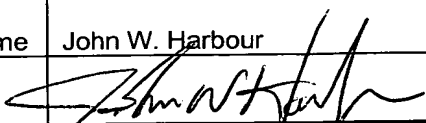
## FEE CALCULATION

### CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	17 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	3 - 3 =	0	x 80.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$ 710.00

## METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/ORT1373/JWH in the amount of \$710.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ORT1373/JWH. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		Complete (if applicable)
Typed or Printed Name	John W. Harbour	Reg. No. 31,365
Signature		<b>Deposit Account No. 10-0750</b>
	Date: 02/13/01	

IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

Applicant: Shangold et al.

For : TRIPHASIC ORAL CONTRACEPTIVE



Express Mail Certificate

"Express Mail" mailing number: EL457891654US

Date of Deposit: February 13, 2001

I hereby certify that this complete Continuation-in-Part application, including specification pages and claims is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

A Combined Declaration and Power of Attorney will be submitted to the United States Patent and Trademark Office upon receipt of the U.S. Serial Number for this patent application.

John W. Harbour

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)